



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PLANNING AND INTERGOVERNMENTAL RELATIONS

The School District of Palm Beach County
Planning & Intergovernmental Relations
3661 Interstate Park Road, N. Building 200
Riviera Beach, FL 33402
Phone: 561-434-8042

School Capacity Availability Determination (SCAD) Application

Instructions: At least 30 days prior to seeking approval from County/local government, please submit a complete application to the School District for SCAD review. A determination will be provided within twenty (20) days of receipt of a complete application. A determination is not transferable and is valid for one year from the date of issuance. Once a Development Order (DO) is issued, the SCAD determination shall be valid for the life of the DO.

Choose the type(s) of application: Fees: \$200.00 for 20 units and more or \$100.00 for under 20 units

☐ Re-Zoning ☐ Future Land Use Atlas (FLUA) Amendment ☐ Development Order (D.O.) or Amendment to D.O. ☐ No Impact

PART I - PROJECT INFORMATION

PROJECT NAME		MUNICIPALITY	
<input type="text"/>		<input type="text"/>	
PROPERTY CONTROL NUMBER(s)			
<input type="text"/>			
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GENERAL LOCATION			
<input type="text"/>			
PROPERTY ACREAGE	SAC	PLANNING AREA	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Complete the following table(s) according to your request(s). Please also provide agent consent form, a copy of the warranty deed and a brief statement on project description & development history on a separate sheet.

☐ **For Re-Zoning**

Existing Use of Land		Proposed Use of Land	
Current Zoning Designation		Proposed Zoning Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
Net Increase in Number of Units			

☐ **For Future Land Use Atlas (FLUA) Amendment**

Existing Use of Land		Proposed Use of Land	
Current FLU Designation		Proposed FLU Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
Net Increase in Number of Units			

☐ **For Development Order (D.O.) or Amendment to D.O.**

Project Information		Unit Type	Number of Units
Total Number of Units Proposed		Single-Family	
Are there previous approval(s)* (Y/N)		Multi-Family (other than Apartments)	
Will the Project be Phased?*** (Y/N)		Apartments (3 stories or less)	
		High Rise Apartments (4 stories or more)	
		Age Restricted (Adults Only)**	

* If applicable, please attach previous approval letter(s).

** A Restrictive Covenant is required for age restricted communities.

*** If applicable, please attach a Phasing Plan showing the number and type of units to receive certificate of occupancy yearly.

Ownership/Agent Information:

OWNER'S NAME	OWNER'S EMAIL ADDRESS	TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
AGENT'S NAME	AGENT'S EMAIL ADDRESS	TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Owner or Owner's Agent Signature

Date

PROJECT NAME	OWNER'S NAME	AGENT'S NAME

<i>Government Representative Signature</i>	<i>Title</i>	<i>Date</i>
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***Please refer to the SCAD Letter(s) for District staff determination.**

Additional Information